EXHIBIT E

Case	2:22-cv-05367-RGK-MAA Doc	ument 64-6 ID #:2624		Page 2 of 16 Page		
1 2	THOMAS M. FERLAUTO (S LAW OFFICE OF THOMAS M. I 25201 Paseo de Alicia, Suite	FERLAUTO	•			
3	Laguna Hills, California 92653					
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5	Email: TMF@lawofficeTMF	.com				
6	Attorney for Plaintiff, JOSHU	J A ASSIFF	7			
7						
8	UNITE	D STATES	S DISTRICT COU	JRT		
9	CENTRA	AL DISTRI	ICT OF CALIFOR	RNIA		
10						
11	JOSHUA ASSIFF,		Case No. 2:22-cv	v-05367 RGK (MAAx)		
12	Plaintiff,		RESPONSE TO	REQUEST FOR		
13	v.		PRODUCTION OF DOCUMENTS PROPOUNDED BY SERGEANT			
14	COUNTY OF LOS ANGEI	ES.	KELLY, SET O			
1.7	COCILITY OF LOSTINGER					
15	SHERIFF DEPUTY BADG	· ·				
16	NUMBER 404532 ;	· ·				
16 17	NUMBER 404532; And DOES 1 through 10,	· ·				
16 17 18	NUMBER 404532 ;	· ·				
16 17 18 19	NUMBER 404532; And DOES 1 through 10, Defendants.	E				
16 17 18 19 20	NUMBER 404532; And DOES 1 through 10, Defendants. PROPOUNDING PARTY:	SERGE	ANT KELLY			
16 17 18 19 20 21	NUMBER 404532; And DOES 1 through 10, Defendants. PROPOUNDING PARTY: RESPONDING PARTY:	SERGEA JOSHUA	ANT KELLY A ASSIFF			
16 17 18 19 20 21 22	NUMBER 404532; And DOES 1 through 10, Defendants. PROPOUNDING PARTY: RESPONDING PARTY: SET NUMBER:	SERGEA JOSHUA ONE	A ASSIFF			
16 17 18 19 20 21 22 23	NUMBER 404532; And DOES 1 through 10, Defendants. PROPOUNDING PARTY: RESPONDING PARTY: SET NUMBER: PRE	SERGEA JOSHUA ONE	A ASSIFF RY STATEMENT			
16 17 18 19 20 21 22 23 24	NUMBER 404532; And DOES 1 through 10, Defendants. PROPOUNDING PARTY: RESPONDING PARTY: SET NUMBER: PRE Responding Party has	SERGEA JOSHUA ONE CLIMINAR made a goo	A ASSIFF RY STATEMENT od faith and reason	nable effort to respond to		
16 17 18 19 20 21 22 23 24 25	NUMBER 404532; And DOES 1 through 10, Defendants. PROPOUNDING PARTY: RESPONDING PARTY: SET NUMBER: PRE Responding Party has a Propounding Party's Request	SERGEA JOSHUA ONE CLIMINAE made a goods For Produ	A ASSIFF RY STATEMENT od faith and reason action and, based of	nable effort to respond to on that effort, submits the		
16 17 18 19 20 21 22 23 24 25 26	NUMBER 404532; And DOES 1 through 10, Defendants. PROPOUNDING PARTY: RESPONDING PARTY: SET NUMBER: PRE Responding Party has a propounding Party's Request following Responses. However,	SERGEA JOSHUA ONE CLIMINAE made a goods For Produ ver, Respon	A ASSIFF RY STATEMENT od faith and reason uction and, based of nding Party has no	nable effort to respond to on that effort, submits the ot completed Responding		
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16 17 18 19 20 21 22 23 24 25 26 27	NUMBER 404532; And DOES 1 through 10, Defendants. PROPOUNDING PARTY: RESPONDING PARTY: SET NUMBER: PRE Responding Party has a propounding Party's Request following Responses. However Party's investigation or discontinuous propounding Party's investigation propounding Party's investigation or discontinuous propounding Party's investigation pr	SERGEA JOSHUA ONE ELIMINAE made a good s For Produ ver, Respont overy rela following Res	A ASSIFF RY STATEMENT od faith and reason action and, based of ding Party has not ted to this action esponses are base	nable effort to respond to on that effort, submits the ot completed Responding and has not completed d on Responding Party's		

knowledge, information and belief at this time, and Responding Party specifically reserves the right to amend or supplement any Response contained herein. Responding Party also reserves the right to refer to, to conduct discovery with reference to, or to offer into evidence at the time of trial, any and all facts, evidence, documents and other things developed during the course of discovery and trial preparation, notwithstanding the reference to facts, evidence, documents and other things in these Responses. In addition, Responding Party assumes no obligation to voluntarily supplement or amend these Responses to reflect information, evidence, documents or other things discovered following service of these Responses. Nevertheless, these Responses are given without prejudice to subsequent revision or supplementation, including objections, based upon any information, evidence and documentation, which hereinafter may be discovered.

To the extent Responding Party understands each individual Document Request, Responding Party hereby submits these Responses as follows:

REQUEST FOR PRODUCTION NO. 1:

All records from healthcare providers which evidence consultation and treatment for injuries being claimed in this action (including, but not limited to, medical records, notes, recommendations for treatment).

RESPONSE TO REQUEST FOR PRODUCTION NO. 1:

RESPONSE TO REQUEST FOR PRODUCTION NO. 2:

Responding party will produce all responsive documents in Responding Party's possession, custody or control.

REQUEST FOR PRODUCTION NO. 2:

All documents which evidence any of the special damages being claimed in this action (including, but not limited to, bills, invoices and/or statements).

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Party's possession, custody or control.

REQUEST FOR PRODUCTION NO. 3:

All documentation evidencing payment, by any source whatsoever, of the special damages being claimed as a compensable item of damage in this case, including but not limited to, receipts, canceled checks, insurance payments.

Responding party will produce all responsive documents in Responding

RESPONSE TO REQUEST FOR PRODUCTION NO. 3:

Responding party will produce all responsive documents in Responding Party's possession, custody or control.

REQUEST FOR PRODUCTION NO. 4:

All statements (including but not limited to all oral, written or recorded statements) of anyone purporting to have knowledge of any of the facts or circumstances involved in this case.

RESPONSE TO REQUEST FOR PRODUCTION NO. 4:

Responding party is not aware of any responsive documents in Responding Party's possession, custody or control, because no responsive documents are believed to have ever existed.

REQUEST FOR PRODUCTION NO. 5:

Any and all policies of medical, health and disability insurance which were or are in force and providing coverage for any and all losses or damages claimed in this action.

RESPONSE TO REQUEST FOR PRODUCTION NO. 5:

Responding party will produce all responsive documents in Responding Party's possession, custody or control.

REQUEST FOR PRODUCTION NO. 6:

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Any and all correspondence sent to or received from anyone, other than the party's own attorney, concerning the facts, circumstances and/or claimed damages in this action.

RESPONSE TO REQUEST FOR PRODUCTION NO. 6:

Responding party is not aware of any responsive documents in Responding Party's possession, custody or control, because no responsive documents are believed to have ever existed.

REQUEST FOR PRODUCTION NO. 7:

Any and all notes, calendars, diaries, journals, or memoranda concerning the facts and circumstances giving rise to this claim.

RESPONSE TO REQUEST FOR PRODUCTION NO. 7:

Responding party is not aware of any responsive documents in Responding Party's possession, custody or control, because no responsive documents are believed to have ever existed.

REQUEST FOR PRODUCTION NO. 8:

Any and all medication containers, labels, prescriptions, notes and/or letters from any health care provider concerning treatment received by plaintiff.

RESPONSE TO REQUEST FOR PRODUCTION NO. 8:

Responding party will produce all responsive documents in Responding Party's possession, custody or control.

REQUEST FOR PRODUCTION NO. 9:

Photographs, slides and movies of plaintiff depicting the plaintiff and any and all injuries and conditions claimed as damages in this action 5 years before, during and 5 years after the alleged incident serving as a basis for the present lawsuit.

RESPONSE TO REQUEST FOR PRODUCTION NO. 9:

OBJECTION. The time frame sought makes this request over broad and seeks documents not relevant to the subject matter of this lawsuit and not reasonably

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Thomas M. Ferlauto

Attorney For: Plaintiff, JOSHUA ASSIFF

By:

VERIFICATION 1 2 I, Joshua Assiff, declare as follows: 3 I am a party this action. I have reviewed the document attached hereto entitled: 4 **RESPONSE** REQUEST **FOR PRODUCTION OF** 5 TO DOCUMENTS PROPOUNDED BY SERGEANT KELLY, SET 6 ONE 7 and I know its contents. 8 The responses set forth therein are true of my own personal knowledge, except 9 for those portions stated on information and belief. As for the portions stated on 10 information and belief, I believe them to be true based upon the information available 11 to me. 12 I declare under penalty of perjury under the laws of California and of the 13 United States of America that the foregoing is true and correct. Executed this 14 day of February 2023, in Los Angeles County, California. 15 16 17 JOSHUA ASSIFF 18 19 20 21 22 23 24 25 26 27 28

PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF ORANGE

I am employed in the County of Orange, State of California. I am over the age of 18 and not a party to the within action. My business address is 25201 Paseo de Alicia, Suite 270, Laguna Hills, CA 92653. On February 24, 2023, I served the foregoing document(s) described as:

RESPONSE TO REQUEST FOR PRODUCTION OF DOCUMENTS PROPOUNDED BY COUNTY OF LOS ANGELES, SET ONE

RESPONSE TO REQUEST FOR PRODUCTION OF DOCUMENTS PROPOUNDED BY SERGEANT KELLY, SET ONE

RESPONSE TO SPECIAL INTERROGATORIES PROPOUNDED BY COUNTY OF LOS ANGELES, SET ONE

RESPONSE TO SPECIAL INTERROGATORIES PROPOUNDED BY SERGEANT KELLY, SET ONE

RESPONSE TO REQUEST FOR ADMISSIONS PROPOUNDED BY COUNTY OF LOS ANGELES, SET ONE

RESPONSE TO REQUEST FOR ADMISSIONS PROPOUNDED BY SERGEANT KELLY, SET ONE

[X] **ELECTRONIC MAIL**: The foregoing document was served electronically without any errors noted at the email addresses stated below:

PATRICK E. STOCKALPER
MOLSHREE GUPTA
KJAR, MCKENNA & STOCKALPER, LLP
841 Apollo Street, Suite 100
El Segundo, California 90245
Telephone (424) 217-3026
Facsimile (424) 367-0400
pstockalper@kmslegal.com
mgupta@kmslegal.com

[__] BY MAIL AS FOLLOWS: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice the above described envelope(s) would be deposited with the US Postal Service on that same day with postage thereon fully prepaid at Laguna Hills, California in the ordinary course of business.

Executed on February 24, 2023, at Irvine, California. I declare under penalty of perjury under the laws of the United States of America and the State of California that the above is true and correct.

Thomas M. Ferlauto

PAYAM YERMIAN, D.C.

3200 SANTA MONICA BLVD. SUITE 101 SANTA MONICA, CA. 90404 (310) 828-8808

Patient: Assiff, Joshua

D.O.I. : 09-24-21

To Whom It May Concern:

Mr. Assiff reported to my office on September 30, 2021 as a result of the injuries he sustained in an incident on September 24, 2021.

HISTORY OF THE ACCIDENT

As stated by the patient, he was pulled over by the Sheriff officers subsequently he was pepper sprayed which decreased his ability to see when he was instructed to get out of the car was pulled out of the vehicle while put in headlock then he was thrown on the ground tased and while on the ground a deputy had their knee on his upper back and lower neck. Due to his symptoms he reported to Kaiser urgent care where he was examined and released. Over the course of the next few days his symptoms were getting progressively worse and more numerous he reported to this facility on September 30, 2021 for evaluation and treatment. He has tried icing the effected areas along with utilizing OTC medications for his symptoms along with rest which have not been effective.

PAST MEDICAL HISTORY

The patient states that he is in good general health and that he led an active lifestyle before the incident. Otherwise the patient's past medical history is noncontributory in this case and he reports that he was asymptomatic of his current musculoskeletal symptomatology before this incident on September 24, 2021.

PRESENTING COMPLAINTS

- Neck pain and stiffness extending across bilateral shoulders especially on the left with radiation into the interscapular area esp. left and radiculopathy of the upper arm; constant, moderate to severe in nature.
- Upper back pain and stiffness especially on the left; constant, moderate in nature.
- Bilateral shoulder pain and stiffness; constant, slight to moderate in nature.
- Bruising over the face and body along with abrasions and puncture wounds over the trunk and flanks.
- Temporoparietal and occipital headaches; constant, moderate in nature.
- Difficulty sleeping at night due to pain and discomfort.

Patient: Assiff, Joshua

D.O.I.: 09-24-21

PHYSICAL EXAMINATION AND FINDINGS

Even though a comprehensive physical examination was performed at my office the following reflects only the positive findings of the examination.

At the time of the examination the patient a 20 year old male appeared as an alert, responsive and cooperative individual. However due to his presenting complaints he was slightly distressed and had difficulty in changing positions during examination. He also stated that he has difficulty sleeping at nights due to his symptoms and the pain wakes him from sleep.

 Height : 6'07"
 Pulse : 76 BPM

 Resp. : 13
 Weight: 198 Lbs

 Temp. : 98.2
 BP : 122/74

HEAD:

Tenderness, bruising and abrasions was noted over face. However moderate to severe tenderness of the occipitals and suboccipitals was noted especially on the left.

CERVICAL SPINE:

Examination of the cervical spine revealed hypolordosis of the cervical spine. Upon inspection and palpation moderate to severe muscular hypertonicity and tenderness was noted over the following muscles bilaterally, suboccipitals, upper trapezius, scalenes and cervical paraspinals especially left. Furthermore nuchal tenderness was noted in this region along with slight inflammation especially on the left. Motion and digital palpation revealed multiple fixations in this area along with facet and spinous tenderness. Following orthopedic tests were positive at the time of this examination: Cervical Compression Test and Soto Hall Test increased localized neck pain, caused an increase in upper back pain symptomatology especially on the left and increased radiculopathy into the interscapular area and left upper arm. Cervical range of motion was as follows:

Flexion	30/45	Restricted and Painful
Extension	10/55	Restricted and Painful
Right Lateral Flexion	15/40	Restricted and Painful
Left Lateral Flexion	10/40	Restricted and Painful
Right Rotation	55/80	Restricted and Painful
Left Rotation	45/80	Restricted and Painful

THORACIC SPINE:

Palpation and inspection of the thoracic region revealed moderate to severe hypertonicity and tenderness over bilateral levator scapula and lower trapezius muscles especially on the left with presence of slight inflammation over the traps/levator scapular area. Furthermore tenderness of thoracic spinous processes and fixations of thoracic spine were

Patient: Assiff, Joshua

D.O.I.: 09-24-21

noted in the upper thoracic spine. Orthopedic tests of the cervical spine would cause radiation into the interscapular area as well. Puncture wounds, abrasions and bruising was noted over the back and trunk.

BILATERAL SHOULDERS:

Upon inspection and palpation of the shoulders slight to moderate tenderness was noted over the AC joints and rotator cuff musculature. The range of motion of the bilateral shoulders was slightly limited with pain in abduction and internal rotation. The following orthopedic tests were positive at the time of this exam; Apley's scratch test and Dugas test resulting in shoulder pain (due to the restricted range of motion and pain of the shoulder patient was not fully able to perform these tests). Hawkins test was also positive revealing possible impingement of the shoulders.

DIAGNOSIS:

 S13.4XXA Sprain Cervical sp 	spin	Cervical:	prain	\mathbf{S}	3.4XXA	S13	
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M54.2 CervicalgiaS16.1XXA Strain cervical

M99.01 Segmental dysfunction cervical spine

S23.3XXA Sprain thoracic spine

M54.6 Thoracic pain

M62.830 Muscle spasm thoracie

M99.02 Segmental dysfunction thoracic

M25.511 Right shoulder pain

M25.512 Left shoulder pain

M62.838 Muscle spasms

M79.1 Myalgia/Myofascial pain

TREATMENT PLAN:

Mr. Assiff's treatment consisted of conservative Chiropractic adjustments and physiotherapy modalities including cryotherapy, hot packs, electrical muscle stimulation, ultrasound, manual therapy techniques in conjunction with utilizing home care and stretching. These modalities and procedures were utilized in an attempt to induce muscle relaxation, increase range of motion and mobility, reduce inflammation, increase blood flow to the injured areas to promote tissue healing and restore strength and endurance. Furthermore the patient was further advised to undergo cervical spine MRI studies.

PROGNOSIS:

The patient was evaluated in my office on September 30, 2021 with symptomatologies discussed earlier in this report. Following his evaluation, the patient began receiving chiropractic care along with physiotherapy treatments at this office in order to cure of and relieve the patient from the effects of his injuries. During the course of his treatment, the

Patient: Assiff, Joshua

D.O.I.: 09-24-21

patient responded slowly to the treatment plan with few episodes of exacerbations caused by his normal daily activities.

Eventually, Mr. Assiff was discharged from my active care on December 22, 2021 following a final examination and treatment. At the time of his discharge the patient was complaining of intermittent, slight at times moderate neck pain and stiffness extending across bilateral shoulders especially on the left with occasional radiation into the interscapular and left upper arm. Slight to moderate hypertonicity and tenderness was noted over the cervical paraspinals, levator scapulae and traps especially on the left with triggerpoints along these muscles. The range of motion of the cervical spine was restricted in extension, bilateral lateral flexion. Symptomatologies were especially more pronounced in the early morning hours, playing basketball, working on the computer for short periods, overhead activities and physical activity. Fixations were located in the lower cervical spine and upper thoracic spine. At which point the patient was treated and asked to continue with home stretches along with heat and icing regimen. He was further advised to seek orthopedic evaluation for his neck, if his symptoms remains the same or gets exacerbated. He remains a candidate for MRI studies of the cervical spine.

At this time, it is my professional opinion that the patient has reached maximum medical improvement (MMI) for his musculoskeletal symptomatology through chiropractic care and physiotherapy treatments. It is also my professional opinion that overall prognosis for the patient is guarded, due to the force of the trauma, the severity of his symptomatology, the duration of treatment required for his symptomatology to improve. The patient was advised that he might require more aggressive forms of treatment including possible steroidal injections if his symptoms do not improve.

DISCUSSION:

An assessment of the patient's condition based on above noted examination findings, complaints and history as presented by the patient exhibited reasonable medical probability that the injuries he sustained were consistent with the nature of the incident as described. Therefore, it is my professional opinion that the subjective complaints, and objective findings were consistent and the patient did receive the injuries as a result of the incident which occurred on Sept 24, 2021.

Please feel free to contact me if you have any further questions regarding this matter.

Sincerely yours,

Payam Yermian, D.C.

APEX HEALTH CARE CENTER

3200 SANTA MONICA BLVD. SUITE 101 SANTA MONICA, CA. 90404 (310) 828-8808

Re D.O.I.		siff, Joshua R. ptember 24, 2021	***	
03-30-21	99203 97032 97035 A4556	New Patient Evaluation Electric Muscle Stimulation Ultrasound Electrodes		\$165.00 \$ 35.00 \$ 35.00 \$ 20.00
10-01-21	98940 97140 97032	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation	59	\$ 40.00 \$ 35.00 \$ 35.00
10-04-21	97035 98940 97140 97032	Ultrasound Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation	59	\$ 35.00 \$ 40.00 \$ 35.00 \$ 35.00
10-06-21	97035 98940 97140 97032 97035	Ultrasound Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation Ultrasound	59	\$ 35.00 \$ 40.00 \$ 35.00 \$ 35.00 \$ 35.00
10-08-21	98940 97140 97032 97035	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation Ultrasound	59	\$ 40.00 \$ 35.00 \$ 35.00 \$ 35.00
10-11-21	98940 97140 97032 97035	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation Ultrasound	59	\$ 40.00 \$ 35.00 \$ 35.00 \$ 35.00
10-13-21	98940 97140 97032 97035	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation Ultrasound	59	\$ 40.00 \$ 35.00 \$ 35.00 \$ 35.00

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10-15-21	98940 97140 97032 97035	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation Ultrasound	59	\$ 40.00 \$ 35.00 \$ 35.00 \$ 35.00
10-18-21	98940 97140 97032 97035	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation Ultrasound	59	\$ 40.00 \$ 35.00 \$ 35.00 \$ 35.00
10-20-21	98940 97140 97032 97035	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation Ultrasound	59	\$ 40.00 \$ 35.00 \$ 35.00 \$ 35.00
10-22-21	98940 97140 97032 97035	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation Ultrasound	59	\$ 40.00 \$ 35.00 \$ 35.00 \$ 35.00
10-25-21	98940 97140 97032 97035	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation Ultrasound	59	\$ 40.00 \$ 35.00 \$ 35.00 \$ 35.00
10-27-21	98940 97140 97032 97035	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation Ultrasound	59	\$ 40.00 \$ 35.00 \$ 35.00 \$ 35.00
10-29-21	98940 97140 97032 97035	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation Ultrasound	59	\$ 40.00 \$ 35.00 \$ 35.00 \$ 35.00
11-01-21	98940 97140 97032 97035	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation Ultrasound	59	\$ 40.00 \$ 35.00 \$ 35.00 \$ 35.00
11-03-21	98940 97140 97032 97035	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation Ultrasound	59	\$ 40.00 \$ 35.00 \$ 35.00 \$ 35.00

11-08-21	98940 97140 97032 97035	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation Ultrasound	59	\$ 40.00 \$ 35.00 \$ 35.00 \$ 35.00
11-10-21	98940 97140 97032 97035	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation Ultrasound	59	\$ 40.00 \$ 35.00 \$ 35.00 \$ 35.00
11-12-21	99212 98940 97140	Est. Patient Evaluation Manipulation(1-2 Regions) Manual Therapy Techniques	25 59	\$ 65.00 \$ 40.00 \$ 35.00
11-15-21	98940 97140 97032	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation	59	\$ 40.00 \$ 35.00 \$ 35.00
11-17-21	98940 97140 97032	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation	59	\$ 40.00 \$ 35.00 \$ 35.00
11-22-21	98940 97140 97032	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation	59	\$ 40.00 \$ 35.00 \$ 35.00
11-24-21	98940 97140 97032	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation	59	\$ 40.00 \$ 35.00 \$ 35.00
11-29-21	98940 97140 97032	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation	59	\$ 40.00 \$ 35.00 \$ 35.00
12-01-21	98940 97140 97032	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation	59	\$ 40.00 \$ 35.00 \$ 35.00
12-08-21	98940 97140 97032	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation	59	\$ 40.00 \$ 35.00 \$ 35.00
12-15-21	98940 97140 97032	Manipulation(1-2 Regions) Manual Therapy Techniques Electric Muscle Stimulation	59	\$ 40.00 \$ 35.00 \$ 35.00

			TAI	\$ 2 990 00
	97140	Manual Therapy Techniques	59	\$ 35.00
	98940	Manipulation(1-2 Regions)		\$ 40.00
12-22-21	99212	Est. Patient Evaluation	25	\$ 65.00

Even though Ice packs/Heat packs 97010 were utilized at each and every visit along with Electric Muscle Stimulation, this service was not billed.